

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Harry Mitchell for Congress		<b>Transaction ID:</b> D8270 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 6</div> </div>	
Mailing Address P.O. Box 23748 Arizona		<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Tempe	State AZ		Zip Code 85285
Purpose of Disbursement contribution			<div>Category/Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS		<b>Transaction ID:</b> D8272 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 6</div> </div>	
Mailing Address PO BOX 97		<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City HAZELWOOD	State NC		Zip Code 28738
Purpose of Disbursement contribution			<div>Category/Type</div>
Candidate Name Heath Shuler			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 11			
<b>C.</b> Full Name (Last, First, Middle Initial) KILROY FOR CONGRESS		<b>Transaction ID:</b> D8285 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 6</div> </div>	
Mailing Address 929 HARRISON AVENUE SUITE 305		<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City COLUMBUS	State OH		Zip Code 43215
Purpose of Disbursement contribution			<div>Category/Type</div>
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 15			

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....